

RUTHERFORD COUNTY REGIONAL PLANNING COMMISSION

One South Public Square, Room 200, Murfreesboro, Tennessee 37130 OFFICE 615.898.7730 FAX 615.898.7823

SUBDIVISION PLAT VARIANCE/WAIVER APPLICATION							\$50 Fee
Applicant/ Developer							
Mailing Address				City		State	Zip
Phone Number Fax Number			Email		1		
Project Engineer/Surveyor							
Mailing Address				City		State	Zip
Phone Number		Fax Number		Email			
The applicant is responsible for notifying the Planning Department if any contact information has changed.							
PLEASE COMPLETE THE FOLLOWING INFORMATION:							
Name of Subdivision		Section Nu		mber (if applicable)		Date of application	
Тах Мар	Group	Parcel	Deed Boo	k		Page Number	
Type(s) of Variance Requested							
Briefly Explain Reason Variance is Needed							
hereby cert	ifv that the	information o	ontained in this	s application is	true ar	nd correct to	o the best of my
I hereby certify that the information contained in this application is true and correct to the best of knowledge and belief.							
Applicant's Signature			Applicant's Name (Printed)			Date	
			STAFF US	E ONLY			
Accepted By				Receipt Number			